# **2011 Military Health System Conference**

Transition to T3: Lessons Learned in North Region

The Quadruple Aim: Working Together, Achieving Success
Mr. Douglas Williams
January 25, 2011



### TRICARE - Who We Are





- 9.6 million beneficiaries (3.1 million North)
  - 3.7 million TRICARE Prime enrollees
     Direct care system (1.08 million North)
  - 1.6 million TRICARE Prime enrollees
     Contractor networks (520,000
     North)
  - Remainder
    - TRICARE Standard/Extra
    - TRICARE for Life
    - TRICARE Reserve Select
- Military Treatment Facilities (MTFs)
  - 59 Hospitals & Medical Centers (12 North)
  - 364 Health Clinics (106 North)
- Over 380,000 network providers
- •<sup>2</sup>Over 60,000 retail pharmacies

# Health Care Support



### Contract-

- Awarded to Health Net Federal Services
  - -Contract Award: 13 May 2010
  - -10-month transition (HCD 1 April 2011)
  - Asynchronous transition to T-3
    - Fort Campbell
    - Prime Service Areas
    - Clearly Legible Reports
  - North Region Unique Issues:
    - National Capital Area BRAC (JTF CAPMED)
    - Federal Health Care Center (Great Lakes)
    - Major Deployment Platforms
      - Ft Bragg, Ft Campbell, Ft Drum, Camp Lejeune

# **Learned Prior to Award - Be**



# **Prepared**

- Continuity for Transition Team
  - Reconfirm/Assign Transition Manager and Deputy, and SMEs with longevity
- Responsibilities
  - Transition Process is the responsibility of the Purchased Care Transition Management Team
  - Contract Requirements established with Service SGs concurrence in 2007

# Learned



### **Contract Award**

- Post Award Orientation Conference (PAOC)
  - Do not assume Contractors fully understand all aspects of TRICARE Manuals
  - Line by Line contract review
  - Limit to CO/COR/TM/key SMEs
- Kick-Off/Transition Specifications Meeting
  - High level of interest/Set the tone early

# Learned Incumbent vs. Non-



## Incumbent

- Non-Incumbent Awarded Contract
  - Transition Specs Meeting Both Contractors agree on key activities, establish dates, etc.
  - Anticipate 'escorting' Contractor to all key Posts, introduce and orient - TRO Boots on Ground
  - DIACAP/Claims Start from Scratch
- Incumbent Awarded Contract
  - Transition Specs Meeting takes on different function/Contractor is Established, in the field

2011 MDfACAP already certified, just need to

# Learned Trans Spec Meetings



- Required Interfaces
  - DIACAP
  - Systems Integration
  - Records Management
  - TMA Communications and Customer Service
  - Privacy
  - Personnel Security
  - Pre-Benchmark
  - Others
    - MMSO (Not required but highly recommended)

# Learned Trans Spec Meetings



- With Incumbent Over 900 Questions and Clarifications in initial and follow up meetings
  - DOCUMENT/DOCUMENT/
    - Review TRO North Q&As
    - Capture Issues
    - Track centrally
    - Expect conflicting responses
    - Continuously Follow Up

# Learned



### **General Observations**

- Readiness/Continuity of Care Top Priority
- Need Clear Understanding of Contract Awarded including Enhancement
  - Are they appropriately incorporated? Trackable?
  - Understand differences between T-Nex and T-3
- Government "speaking with one voice"
  - Ensure the Government agencies fully understand and agree among themselves with requirements/ policy before meeting with Contractor on issues

# Learned General Observations



- CLRs (Consult Tracking)
- Clinical Support Agreements
  - All CSAs need to be re-executed under T-3, plan early
- External Resource Sharing Agreements
  - Determine Need/New contractor needs to execute new agreements
- Personnel Security/CACs
  - 1100 CACs for North Region MCSC

# Learned

### General Observations

- Prime Service Area Changes
  - T-3 PSA requirements MTF/BRAC Sites Only?
  - -TSCs: Close non-MTF PSA offices
- Necessary Contract Modifications
  - Over 100 Contract Mods to T-NEX since RFP needed to be incorporated
  - Additional North Region Contract Changes
    - Ft Campbell
    - BRAC Sites (Active Base to BRAC)
    - TSCs Appropriately Listed (BRAC vs. MTF)

# MTF Considerations for Transition Success



- Why an MOU?
- Enrollment Plan Current?
- Is Network Adequate?
- Referral and Authorization Process
- Clearly Legible Reports
- TRICARE Service Center
- MCSC Call Center Volume

#### II alisition Lessons

# Learned Observations for TRO



- Maintain close coordination with TM/CO/COR/SMEs
- Be Prepared to Travel
  - Use T-3 Travel Fund
  - Delegate Can't be everywhere
  - Multiple Weekly Meetings
- Contract Incentives
  - Need clear understanding
  - What do they mean, how tracked/calculated

# Learned



### Observations for TRO

- Ensure high risk issues are elevated quickly
  - Program Office
  - Transition Director
  - Transition Oversight Committee
- Maximize use of Interface/Working Meetings
  - Ensure Government/Contractor reviews and understands requirements
  - Ensure transition tasks addressed
- Table Top Exercise with High Risk

# **Challenges Ahead**



- Resolving Protests in South/West
- Asynchronous transition
  - Fort Campbell
  - PSAs
  - CLRs
- TRICARE Young Adult coverage

# We Are All Faces of TRICARE





## Focus Areas for T-3 Transition



- TRICARE Prime Availability "Prime Service Areas"
- Wounded Warrior Programs
- Continuity of Care
- Health Information Exchange
  - Clear and Legible Reports
- National Guard/Reserve
- Clinical Support Agreements and External Resource Sharing Agreements
- Information Security
- Claims Processing
- Provider Relations
- Launch of new program options (TRR, T26)